Related Change Request (CR) #: 3794 MLN Matters Number: MM3794

Related CR Release Date: April 22, 2005

Related CR Transmittal #: 529 Effective Date: July 1, 2005

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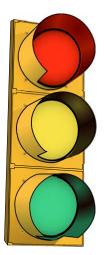
# Update to Current National Uniform Billing Committee (NUBC) Codes

**Note:** This article was revised to contain Web addresses that conform to the new CMS web site and to show they are now MLN Matters articles. All other information remains the same.

## **Provider Types Affected**

Providers submitting claims to Medicare Fiscal Intermediaries (FIs), including Regional Home Health Intermediaries (RHHIs)

### **Provider Action Needed**



## STOP - Impact to You

There are patient status, condition, value code and bill type code changes approved by the National Uniform Billing Committee (NUBC), which are effective on October 1, 2005.

### **CAUTION - What You Need to Know**

Effective October 1, 2005, the NUBC approved the deletion of patient status code 08 and discontinued bill types 17X, 24X, 27X, and 5XX. Additionally, new designations were set for condition codes E1 through FZ, N0 through ZZ and in value codes H0 through ZZ. Usage note language was changed for revenue code 019X. Related to that change, bill type X7X is discontinued as of October 1, 2005.

#### GO – What You Need to Do

Be aware of these changes and how they affect your billing processes in order to assure correct and timely processing of your claims.

# **Background**

The key changes are as follows:

## New Patient Status Code Information

Patient status code 08 is discontinued as of October 1, 2005. Claims submitted with code 08 on or after October 1, 2005, will not be processed and will be returned to the provider.

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

## Bill Type Changes

Effective October 1, 2005, bill types 17X, 24X, 27X, X7X, and 5XX are deleted from Medicare systems and Medicare will return claims with these bill types to the provider.

#### New Condition/Value Code Information

Effective October 1, 2005, condition codes N0 through ZZ are designated as "reserved for national assignment" and value codes H0 through ZZ are also designated as "reserved for national assignment." Claims submitted with value or condition codes in these ranges will not be processed and will be returned to the provider.

#### New Revenue Code Information

Revenue Code	New Usage Note
019X	Revenue code 019X may be used in multiple types of bills. However, if bill type X7X is used in Form Locator 4, Revenue Code 019X must be used. Note: Bill Type X7X to be DISCONTINUED as of 10/1/05.

#### Additional Information

For instructions to complete Form CMS 1450, see Chapter 25, Section 60, of the Medicare Claims Processing Manual go to <a href="http://www.cms.hhs.gov/manuals/downloads/clm104c25.pdf">http://www.cms.hhs.gov/manuals/downloads/clm104c25.pdf</a> on the CMS web site.

The official instruction issued to your FI regarding this change may be found at <a href="http://www.cms.hhs.gov/transmittals/downloads/R529CP.pdf">http://www.cms.hhs.gov/transmittals/downloads/R529CP.pdf</a> on the CMS web site.

For additional information relating to this issue, please refer to your local FI toll free phone number at <a href="http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.pdf">http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.pdf</a> on the CMS web site.